## IAP3 Rec'd PCT/PTO 1'5 DEU 2005

U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE ATTORNEY'S DOCKET NUMBER BARENHOLZ13 TRANSMITTAL LETTER TO THE UNITED STATES U.S. APPLICATION NO. (If known, see 37 CFR 1.5) DESIGNATED/ELECTED OFFICE (DO/EO/US) **CONCERNING A FILING UNDER 35 U.S.C. 371** 10/560928 INTERNATIONAL FILING DATE INTERNATIONAL APPLICATION NO. June 17, 2004 June 18, 2003 PCT/IL2004/000534 TITLE OF INVENTION SPHINGOID POLYALKYLAMINE CONJUGATES FOR VACCINATION APPLICANT(S) FOR DO/EO/US Yéchezkel BARENHOLZ et al. Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information: 1. [X] This is a FIRST submission of items concerning a filing under 35 U.S.C. 371. 2. [ ] This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371. 3. [X] This is an express request to begin national examination procedures (35 U.S.C. 371(f)) as soon as the application is in order for such purpose and the applicable requirements of 35 U.S.C. 371(c) have been complied with. 4. [ ] The US has been elected (Art 31). 5. [X] A copy of the International Application as filed (35 U.S.C. 371(c)(2)) a. [ ] is attached hereto (required only if not transmitted by the International Bureau). b. [X] has been communicated by the International Bureau. c. [ ] is not required, as the application was filed in the United States Receiving Office (RO/US). 6. [ ] An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)). a. [ ] is attached hereto. b. [ ] has been previously submitted under 35 U.S.C. 154(d)(4). 7. [X] Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) a. [ ] are transmitted herewith (required only if not transmitted by the International Bureau). b. [ ] have been communicated by the International Bureau. c. [ ] have not been made; however, the time limit for making such amendments has NOT expired. d. [X] have not been made and will not be made. 8. [ ] An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)). 9. [ ] An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)). 10. [ ] An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)). Items 11. to 16. below concern document(s) or information included: 11. [ ] An Information Disclosure Statement under 37 CFR 1.97 and 1.98. 12. [ ] An Assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included. 13. [X ] A FIRST preliminary amendment. 14. [X ] An Application Data Sheet under 37 CFR 1.76. 15. A substitute specification. 16. [ ] A change of power of attorney and/or address letter. 17. [ ] A computer-readable sequence form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821-1.825. 18. [ ] A second copy of the published International Application under 35 U.S.C. 154(d)(4). 19. [ ] A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4) 20. [X ] Other items or information: [X ] Courtesy copy of the International Application as filed. [X ] Courtesy copy of the first page of the International Publication (WO 2004/110496 A1). [X] Formal drawings, 6 sheets, Figures 1A-3D. [X ] Courtesy Copy of the International Search Report. [X] The application is (or will be) assigned to: Yissum Research Development Company of the Hebrew University of Jerusalem whose address is Hi Tech Park, Edmond Safra Campus, Givat Ram, Jerusalem 91390, Israel And Biolab Ltd. whose address is P.O.B. 34038, 91340 Jerusalem, Israel.

| U.S. APPLICATION NO. (If known see 37 CFR 15) International Application No.                                                                                                                               |                                                                              |                             |             |                          |            | Attorney's Docket No.    |                           |                   |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------|-------------|--------------------------|------------|--------------------------|---------------------------|-------------------|--------------|
| 10/300 920 PCT/112004/000534                                                                                                                                                                              |                                                                              |                             |             |                          |            |                          | BARENHOLZ13               |                   |              |
| 21. The following fees are submitted:                                                                                                                                                                     |                                                                              |                             |             |                          |            |                          | CALCULATIONS PTO USE ONLY |                   |              |
| [xx] a) BASIC NATIONAL FEE (37 CFR 1.492(a))\$300.00                                                                                                                                                      |                                                                              |                             |             |                          |            |                          |                           |                   |              |
| [xx ] b) SEARCH FEE (37 CFR 1.492(a))                                                                                                                                                                     |                                                                              |                             |             |                          |            |                          |                           |                   |              |
| US was International Searching Authority\$100.00                                                                                                                                                          |                                                                              |                             |             |                          |            |                          |                           |                   |              |
| x   Other ISR provided to USPTO\$400.00                                                                                                                                                                   |                                                                              |                             |             |                          |            |                          |                           |                   |              |
| ·                                                                                                                                                                                                         |                                                                              |                             |             |                          |            |                          | \$000                     | 0.00              |              |
| All other situations\$500.00                                                                                                                                                                              |                                                                              |                             |             |                          |            |                          | \$900                     | 0.00              |              |
| [xx ] c) EXAMINATION FEE (37 CFR 1.492 (c))                                                                                                                                                               |                                                                              |                             |             |                          |            |                          |                           |                   |              |
| IPEA/US gave wholly favorable IPER\$100.00                                                                                                                                                                |                                                                              |                             |             |                          |            |                          |                           |                   |              |
| [x ] All other situations\$200.00                                                                                                                                                                         |                                                                              |                             |             |                          |            |                          |                           |                   |              |
| TOTAL OF ABOVE CALCULATIONS:                                                                                                                                                                              |                                                                              |                             |             |                          |            |                          |                           |                   |              |
| Surcharge of \$130.00 for furnishing the oath or declaration later than [ ] 20 [ ] 30 months from the earliest claimed priority date (37 CFR 1.492(h)).                                                   |                                                                              |                             |             |                          |            |                          |                           |                   |              |
| TOTAL SHEETS                                                                                                                                                                                              | OTAL SHEETS   EXTRA SHEETS   Number of each additional 50 or fraction   RATE |                             |             |                          |            |                          |                           | ***********       |              |
| 65 - 100                                                                                                                                                                                                  |                                                                              | /50                         | thereof (ro | ound up to a whole numbe | r)         | (1.492(g))<br>X \$250.00 |                           |                   |              |
| CLAIMS                                                                                                                                                                                                    |                                                                              |                             | r Filed     | Number Extra             | Rate (     | 1.492 (d-f))             |                           |                   | ,            |
| Total Claims                                                                                                                                                                                              |                                                                              | 59- 2                       | 20 =        | 39                       | X \$ 5     |                          | \$                        |                   | i i          |
| Independent Claims                                                                                                                                                                                        | Independent Claims                                                           |                             | 3 =         | 3                        | X \$200.00 |                          | \$                        |                   | <del>'</del> |
| Multiple Dependent Claims (if applicable)                                                                                                                                                                 |                                                                              |                             |             |                          | + \$36     |                          | \$                        |                   |              |
| TOTAL OF ABOVE CALCULATIONS =                                                                                                                                                                             |                                                                              |                             |             |                          |            |                          | \$900.00                  |                   |              |
| Reduction of ½ for filing by small entity, if applicable. Applicant claims small entity status. See 37 CFR 1.27.                                                                                          |                                                                              |                             |             |                          |            |                          | \$450.                    | .00               |              |
| SUBTOTAL =                                                                                                                                                                                                |                                                                              |                             |             |                          |            |                          | \$450.                    | .00               |              |
| Processing fee of \$130.00 for furnishing the English translation later than [ ]20 [ ]30                                                                                                                  |                                                                              |                             |             |                          |            |                          | \$                        |                   |              |
| months from the earliest claimed priority date (37 CFR 1.492(i)).  TOTAL NATIONAL FEE = \$                                                                                                                |                                                                              |                             |             |                          |            |                          |                           | .00               |              |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be                                                                                                                        |                                                                              |                             |             |                          |            |                          | \$                        | <u></u>           |              |
| accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property +  TOTAL FEES ENCLOSED =                                                                                              |                                                                              |                             |             |                          |            |                          | \$450.                    | 00                |              |
| TOTAL FEES ENCLOSED -                                                                                                                                                                                     |                                                                              |                             |             |                          |            |                          |                           | Amount to be:     | s            |
|                                                                                                                                                                                                           |                                                                              |                             |             |                          |            |                          |                           | refunded          |              |
| . 7.5                                                                                                                                                                                                     |                                                                              |                             |             |                          |            |                          |                           | charged           | \$           |
| Payment Method (check one only)                                                                                                                                                                           |                                                                              |                             |             |                          |            |                          |                           |                   |              |
| a. [ ] A check in the amount of \$ to cover the above fees is enclosed.                                                                                                                                   |                                                                              |                             |             |                          |            |                          |                           |                   |              |
| b. [X] Credit Card Payment Form (PTO-2038), authorizing payment in the amount of \$450.00, is attached.                                                                                                   |                                                                              |                             |             |                          |            |                          |                           |                   |              |
|                                                                                                                                                                                                           |                                                                              |                             |             |                          |            |                          |                           |                   |              |
|                                                                                                                                                                                                           |                                                                              | Deposit Acc<br>of this shee |             |                          | of \$      | t                        | o cove                    | r the above fees. |              |
| Handling of Fee Deficiencies (check one only)                                                                                                                                                             |                                                                              |                             |             |                          |            |                          |                           |                   |              |
|                                                                                                                                                                                                           |                                                                              |                             |             |                          |            |                          |                           |                   |              |
| [ ] The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 02-4035. A duplicate copy of this sheet is enclosed.      |                                                                              |                             |             |                          |            |                          |                           |                   |              |
| [X ] If a deficiency exists in the basic national fee set by 37 CFR 1.492(a), please charge it to Deposit Account <b>02-4035</b> . At this time, no authorization is given to charge any other fees.      |                                                                              |                             |             |                          |            |                          |                           |                   |              |
| NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status. |                                                                              |                             |             |                          |            |                          |                           |                   |              |
|                                                                                                                                                                                                           |                                                                              |                             |             |                          |            |                          |                           |                   | 16 0         |
| Direct all correspondence to the address associated with  CUSTOMER NUMBER 001444, which is currently:                                                                                                     |                                                                              |                             |             |                          |            |                          | 1000                      | un l              | forey        |
|                                                                                                                                                                                                           |                                                                              |                             |             |                          |            |                          | IGNAT                     | URE<br>L. Browdy  |              |
|                                                                                                                                                                                                           |                                                                              |                             |             |                          |            |                          | IAME                      |                   |              |
| WASHINGTON, D.C. 20001                                                                                                                                                                                    |                                                                              |                             |             |                          |            |                          | 20,520                    |                   |              |
|                                                                                                                                                                                                           |                                                                              |                             |             |                          |            |                          |                           | RATION NUMBER     | R            |
| FAX: (202) 737-3528  Date of this submission: December 15, 2005                                                                                                                                           |                                                                              |                             |             |                          |            |                          | RI                        | LB:ccw            |              |

, e.j.